

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

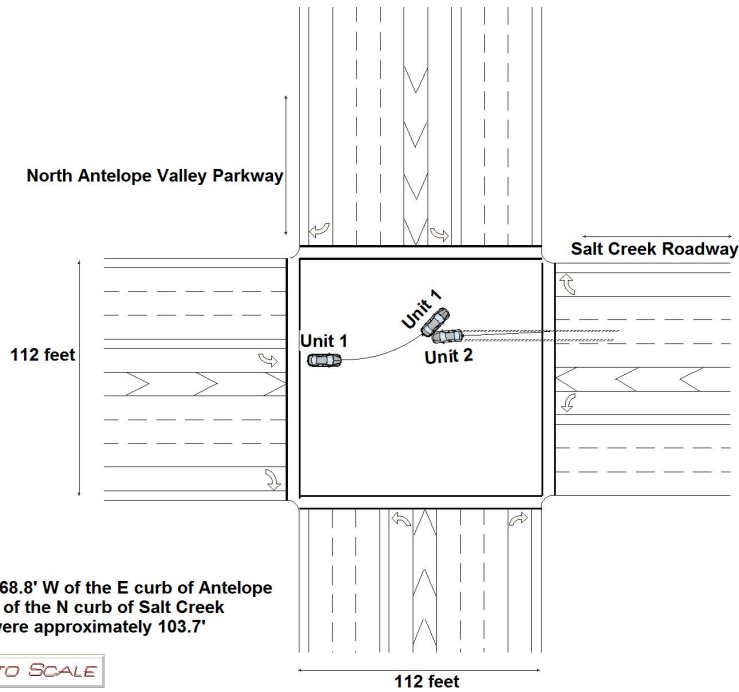
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-110760



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was turning left from EB Salt Creek to NB Antelope Valley Parkway & did not see V2 which was WB on Salt Creek. D1 said he tried to avoid the collision, but was unable to do so. D2 stated he was WB on Salt Creek when V1 turned in front of her. Both had a green light & D2 said he tried to avoid the collision, but was unable to do so. No injuries.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1			X		SALT CREEK										
2				X	SALT CREEK										
1	06				06 Turning left	POINT OF IMPACT	04	POINT OF IMPACT	01						
2	01				08 Entering traffic lane	MOST DAMAGED AREA	04	MOST DAMAGED AREA	01						
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		02 03 04 01 05 08 07 06		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	
OFFICER NO. 1563						TROOP/ TEAM/ BEAT 7		DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Jon Rennerfeldt						INVESTIGATOR SIGNATURE Approved by Officer Jon Rennerfeldt						DATE OF REPORT 11/29/2015			